

Section 5												
Jurisdictions												
Indicate Jurisdiction(s) to which you are currently licensed (L) or applying (A)												
AL		CT		ID		ME		MT		NC		VA
AK		DC		IL		MD		NE		ND		WA
AS		DE		IN		MA		NV		OH		WV
AZ		FL		IA		MI		NH		OK		WI
AR		GU		KS		MN		NJ		OR		WY
CA		GA		KY		MS		NM		PA		
CO		HI		LA		MO		NY		PR		VT

Indicate Jurisdiction(s) to which at any time you were licensed (L) or engaged (E) in business												
AL		CT		ID		ME		MT		NC		VA
AK		DC		IL		MD		NE		ND		WA
AS		DE		IN		MA		NV		OH		WV
AZ		FL		IA		MI		NH		OK		WI
AR		GU		KS		MN		NJ		OR		WY
CA		GA		KY		MS		NM		PA		UT
CO		HI		LA		MO		NY		PR		VT

Section 6												
Background Information												
<p>Please read the following very carefully and answer every question:</p> <p>1. Has the applicant or any entity that controls the applicant, or any owner, partner, officer or director ever been convicted of, or is the applicant or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___</p> <p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment <p>2. Has the applicant or any entity that controls the applicant, or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___</p> <p>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment. <p>3. Has any demand been made or judgment rendered against the applicant or any entity that controls the applicant, or any owner, partner, officer or director for overdue monies by an insurer, insured, producer, or anyone else or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.</p> <p>4. Has the applicant or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___</p> <p>If you answer yes, identify the jurisdiction(s): _____</p> <p>5. Is the applicant or any entity that controls the applicant or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment. 												

Section 6 cont.	
Background Information	
6. Has the applicant or any entity that controls the applicant or any owner, partner, officer or director ever had a contract or any other business relationship terminated for any alleged misconduct? Yes ____ No ____ If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) copies of all relevant documents.	
7. What type(s) of claims will the TPA administer in this state? (Must check at least one option – Select all appropriate options that apply)	
<input type="checkbox"/> Traditional self insured employee benefit plans <input type="checkbox"/> Preferred Provider Org (PPO) <input type="checkbox"/> Prescription drug claims <input type="checkbox"/> Life insurance claims <input type="checkbox"/> Disability insurance claims <input type="checkbox"/> Dental claims	<input type="checkbox"/> Government self-insured employee benefit plans <input type="checkbox"/> Fully insured employee benefit plans <input type="checkbox"/> Provider billing processing <input type="checkbox"/> Medical/Managed care <input type="checkbox"/> Other, attach description on a separate document
Section 7	
Applicants Certification and Attestation	
The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that:	
1. All of the information submitted in this application and attachments are true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the applicant to civil or criminal penalties. 2. Where required by law, the applicant hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the applicant. 3. The applicant grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company. 4. Every owner, partner, officer or director of the applicant either: a) does not have a current child-support obligation or b) has a child-support obligation and is currently in compliance with that obligation. 5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information. 6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration and agree to comply with the requirements set forth in IC 27-1-25 if applying as a resident. 7. I further agree that any agreements entered into the parties will be aware of the requirements and responsibilities set forth in the jurisdictions of which I am applying.	

Must be signed and dated by an officer, director, or partner of the business entity, or member or manager of a limited liability company who has authority to act on behalf of the business entity:

Month	Day	Year	Signature
			Typed or Printed Name
			Title
			Address
		City	State Zip

Attachments for RESIDENT Applications

The following attachments must accompany the initial application otherwise the application may be returned unprocessed. (see the website at <http://www.in.gov/idoi/2352.htm> for requirements and forms required for Resident status)

Items 1, 4, 6, 10, 11 (if applicable) are required for renewal applications, unless changes have been made since the last renewal.

1. Non-refundable fee (check or money order) made payable to the "Indiana Department of Insurance" in the amount of \$50.00
2. Provide copies of all basic organizational documents, including any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreement, shareholder agreement and other applicable documents and all amendments to those documents. *(Not required for renewals, unless changes have been made since last renewal)*
3. Provide copies of all bylaws, rules, regulations or similar documents regulating the internal affairs of the administrator. *(Not required of renewals, unless changes have been made since the last renewal)*
4. A list of the current owners, officers, directors and/or partners of the TPA.
5. [Biographical Affidavits](#) for each owner, officer, director and/or partner of the TPA. Biographical Affidavits must be originally signed and notarized. Emailed or faxed copies will not be accepted. *(New affidavits are only required of new owners, officers, directors and or partners of the TPA)*
6. The Most recent Audited Financial Statement for the previous two (2) years that demonstrates a positive net worth. If the applicant has been in business for less than one year, submit financial reports that have been prepared in accordance with GAAP and certified by an officer of the applicant.
7. A statement describing the business plan (must include information on staffing levels and activities proposed in this state and nationwide) *(Not required of renewals, unless changes have been made since the last renewal)*
8. A copy of each administrative agreement. If the applicant does not have an agreement, the applicant must furnish a sample agreement that will be substituted upon signing. Applicants must provide each executed agreement with an insurer within 90 days after entering into the agreement. *(Not required of renewals, unless changes have been made since the last renewal)*
9. An administrative Agreement Compliance Checklist (Form 300) signed by an officer of the TPA for each agreement. *(Not required of renewals, unless changes have been made since the last renewal)*
10. A copy of a surety bond, if the Administrator is administering a Governmental and/or Church Plan. The surety bond should be an amount equal to the greater of one hundred thousand dollars (\$100,000) or ten percent (10%) of the total of funds administered. *(If applicable)*
11. A report detailing the total funds administered for a Governmental Plan and/or Church Plan for Indiana and all other jurisdictions combined. *(If applicable)*
12. A list of insurance companies (including their NAIC company code number) that the administrator is administering for in the State of Indiana. (Form 500) *(Not required of renewals, unless changes have been made since the last renewal)*

Forward completed application/renewal form to:

Indiana Department of Insurance
Company Admission Coordinator
311 W. Washington Street, Suite 300
Indianapolis IN 46204

Checks made payable to: Indiana Department of Insurance